

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

STATE FILE NUMBER

40215

5315

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5315

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			c. CITY OR TOWN Kansas City, Mo.		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4635 Wyandotte			d. STREET ADDRESS (If outside, give location) 4800 Jefferson		
Length of stay in lb 10 Years			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Mr. Elmer Middle Boillot Last Boillot			4. DATE OF DEATH Month Nov. Day 7 Year 1957		
5. SEX M	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1881		9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Architect		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bonnets Mill, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Xaviar Boillot		13b. MOTHER'S MAIDEN NAME Mary Krove		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. 495-20-5865		17. INFORMANT Address Mr. H. E. Duncan 439 W. 58th Street	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation					INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease					5 yrs +
DUE TO (c) Arteriosclerosis, Generalized					4 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chystrorhpic lateral Sclerosis					3 1/2 yrs +
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200		
20c. TIME OF INJURY Hour a.m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from June 1954 to Nov 7/1957 and last saw her alive on Nov 7/1957 . Death occurred at 2:30 pm Kansas City, Mo.					
22a. SIGNATURE (Dress or title) Arnold V. Arms			22b. ADDRESS 4635 Wyandotte		22c. DATE SIGNED 11-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE Nov. 9, 1957	23c. NAME OF CEMETERY OR CREMATORY Cremation - D. W. N.		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 11-12-57		26. REGISTRAR'S SIGNATURE Reva Marshall



1:30 P.M.

24-1-1777

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Elmer D. Tipton

Licensed Embalmer No. 4817

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.